

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

HOPE	•	,	2	55.11.go+		
Non-Profit Corporation	1 Annual F	Report for the	year: 2016			
Filing period: June 1 - June 3		LIC DEBODT D	Y "UV 20 MUL DEGULT			
Filing Fee: \$20.00 *FAILUR 1. Entity ID Number	2. Exact na	me of the Corpora	Y JULY 30 WILL RESULT	IN A \$25.00 PENA	LTY FEE.	
26810		Independent Greek Orthodox Church of Saint Anthony in Pawtucket, Rhode Island				
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island				
Rhode Island		Greek Orthodox Church				
	Older Oll					
5. Principal Office Address			City	State	Zip	
214 Roosevelt Avenue, Apt 616			Pawtucket	RI	02860	
6. List ALL officers (names and				he box to indicate an		
President Name Very Reverend Anthony G. Houlakis			Vice-President Name Ms. Loukia Giannakas			
Street Address 214 Roosevelt Avenue, Apt 616			Street Address 1033 Central Avenue			
^{City} Pawtucket	State RI	^{Zip} 02860	City Pawtucket	State RI	^{Zip} 02861	
Secretary Name Mr. Van Duros			Treasurer Name Very Reverend Anthony G. Houlakis			
Street Address 789 Summer Street			Street Address 214 Roosevelt Avenue, Apt 616			
City Lynnfield	State MA	^{Zip} 01940	City Pawtucket	State RI	Zip 02860	
7. List ALL directors (names and	addresses). F	≀ Corporations Mi		ctors. Check the box to indicat	a an attachment	
Director Name Ms. Stella Daniel			Director Name Ms. Susan Makarios			
Street Address 89 Green Street			Street Address 13 Drake Circle			
^{City} Pawtucket	State RI	^{Zip} 02860	City Walpole	State MA	^{Zip} 02081	
Director Name Dr. Irene C. Duros			Director Name Mr. Lazaros Saltouridis			
Street Address 789 Summer Street			Street Address 370 March Road			
City Lynnfield	State MA	^{Zip} 01940	City Northfield	State CT	^{Zip} 06778	
3. Registered Agent in Rhode Isla	and. This inform	nation is currently of	record in the Department of State	e. Changes require filing	Form 641.	
Under penaity of perjury, I deci	are and affirm	n that I have exam	mined this report, including	any accompanying	schedules and	
This report must be signed by either the Pr	resident, Vice-Pres			ized Representative, Recei	ver or Trustee.	
Name of Officer/Authorized Representative				Date		
ery Reverend Anthony G. F				06/06/2016		
ignature of Officer/Authorized Re	epresentative					
		SIGN DOC.	MENT HERE Very	Reverend And	hour G. Howlike	

Form No. 631 Revised: 2016 JUN 0 8 2016